## OFFICE OF THE CITY CLERK Troy, NY

**Rensselaer County** 

## District # 4102

REGISTRATION#

## APPLICATION FOR MARRIAGE LICENSE (Please Print Legibly)

NAME		NAME AT BIRTH
NEW LAST NAME		SOCIAL SECURITY#
ADDRESS		
		STATE ZIP CODE
AGE DATE OF BIRTH		PLACE OF BIRTH
OCCUPATION		
TYPE OF BUSINESS		
FATHER'S NAMEFirst		
MOTHER'S FULL MAIDEN NAME		COUNTRY OF BIRTH
NUMBER OF PREVIOUS MARRI		CES # DEATHS
This includes ALL divorces and/or do The license you receive today has a Mays thereafter. You MUST be at least	eaths. There is a \$40.00 NY State mandated 24 l st 18 years of age to app n in the Office of the C	r divorce papers or certificate of death for a deceased spouse of fee which includes the license and a certificate of marriage hour waiting period before it can be used and is valid for 5 pply for this license without parental consent and both participate City Clerk to sign the license before it can be used. License York state.
PLEASE HAVE PROPER IDENTIFIC One of the fo	ollowing: Driver's License, Pa and ollowing:	assport, Employment Picture ID, or Immigration record.  aptismal record, or Naturalization Record.
SIGNATURE		DATE
TELEPHONE#		
ADDRESS MARRIAGE CERTIFICAT	E SHOULD BE MAILE	ED TO:

NOTICE: NO REFUNDS GIVEN ONCE LICENSE IS ISSUED!